



Inspection Report on

Glamorgan Care Ltd, Danygraig House

**Glamorgan Care Ltd
Danygraig
Porthcawl
CF36 5SR**

Date Inspection Completed

03/09/2024

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About Glamorgan Care Ltd, Danygraig House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Glamorgan Care Limited
Registered places	48
Language of the service	English
Previous Care Inspectorate Wales inspection	13 th January 2023
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People living at Dan Y Graig House receive person centred care and support which is delivered in a dignified respectful way. People and their representatives are pleased with the level of care and support provided and are complimentary of care staff and the management. Personal plans capture people's outcomes and detail clear information regarding the practical care and support they require. Risks to people's health and safety are assessed and managed. People have good access to health and social care professionals when needed, to help maintain their overall health and well-being. A range of structured activities are on offer which promote social interaction and engagement with others.

Care staff are safely recruited and trained to meet the needs of the people they support. Care staff say they are happy working at the service and feel supported and valued by the management team. The Responsible Individual (RI) is a visible presence at the home and has effective oversight of service provision. There are systems in place to monitor the quality of care provided, with routine reviews undertaken. The environment is clean, warm and welcoming, with systems in place to ensure it remains well-maintained and safe.

Well-being

People are supported to maintain their health and well-being. The service liaises with health and social care professionals when needed and follows guidance given. Personal plans detail people's health needs and any interventions needed. Care staff have positive relationships with people living at the service and have a good understanding of their care and support needs. Care staff treat people with dignity and respect. Medication management systems are safe, and medication is administered as directed by the prescriber.

People are encouraged to make choices and have control over their day to day lives. Satisfaction surveys give people the opportunity to express their views on the service they receive. Activities are on offer should people choose to participate. People told us they decide what time they get up in the morning and when they retire at night. People have a choice where they spend their time, for example, in communal areas or in the comfort of their own rooms. People are offered a choice of nutritious foods and those with special diets are catered for.

People live in an environment which supports their overall well-being. Bedrooms are comfortable and personalised, with sufficient communal areas available. Bathroom and toilet facilities are suitable and there is specialist equipment available for those who need it. The home is clean and well-maintained, with the correct checks and servicing in place for utilities and equipment.

As far as possible people are protected from harm and abuse. Care staff receive safeguarding training and know how to raise concerns. Risks to people's health and safety are assessed and managed. Audits undertaken help to identify and action any issues and there are policies and procedures underpinning safe practice. Incidents and accidents are logged and reported to the relevant agencies.

Care and Support

Prior to admission to the home, a pre-admission assessment is undertaken by the manager to determine if the service is suitable to meet people's needs. Following this a personal plan is developed. These plans provide care staff with information and guidance on the best ways of supporting people to achieve their personal outcomes. Personal plans are person centred, meaning they are specifically tailored to people's individual care and support needs. Risks to people's health and safety are detailed within personal plans along with strategies for keeping people safe. We saw personal plans are frequently reviewed to ensure information recorded remains relevant. However, we saw little evidence people and their representatives are involved in the review process. We discussed this with the management team who assured us improvements would be made.

On the day of our inspection, we saw care and support being delivered in a calm and respectful manner. We observed care staff interacting well with people, engaging them in meaningful conversations, showing warmth and kindness. Care staff appear to have a good understanding of people's needs and the care and support they require. Discussions we had with people and their representatives supported the positive observations we made. One person told us, *"The staff are lovely, very nice people, they take very good care of us"*. A representative of a person living at the service said, *"The quality of care provided couldn't be any better, mum has everything she wants"*. We also received feedback from a visiting professional who commented positively saying, *"The care provided is really good, the staff are amazing"*.

People are supported to maintain their health and well-being. Food choices are varied and people with special dietary requirements are catered for. People's health conditions and any support needed to manage such conditions is well documented in people's personal plans. We saw people have good access to health and social care professionals when needed. Medical correspondence is kept on file and there are written notes documenting appointments and advice given by medical professionals. Systems are in place to ensure medication is stored and administered safely. Plans detailing people's medication regimes and the support they require are present. We saw medication is stored securely and can only be accessed by authorised personnel. Medication administration records we viewed show people receive their medication as prescribed. We noted administrations of 'as required' medications were not always recorded in line with best practice guidance. However, the management team assured us they would address this matter. People have access to a range of activities to keep them engaged. We saw activities are held within the home and outside when the weather permits.

Environment

People live in a suitable environment which supports them to meet their needs. The service is comprised of four different units, each one providing accommodation for up to twelve people. There is one all male occupancy unit, and three all female occupancy units. Each unit has its own communal areas including a lounge, kitchenette, dining room and specialist bathing facilities. During our inspection we observed people in communal areas socialising with others and participating in activities. People's rooms are spacious and contain ensuite bathing facilities. We saw people can personalise their rooms to their preference which creates a more homely, familiar feel. Domestic staff are at the home daily, ensuring good standards of hygiene and cleanliness are maintained. The kitchen facilities are appropriate for the home and have achieved a Food Hygiene Rating of 5, meaning it is 'very good'. The home is surrounded by well-maintained and attractive gardens with several areas where seating is provided. On the day of our inspection, we saw people utilising this space for their enjoyment. We also saw evidence of the outside area being used for activities and events when the weather permits.

The environment is safe and well-maintained. There is a maintenance person based at the service who deals with the day-to-day upkeep of the home. Safety certification we viewed confirms the routine testing and servicing of equipment, fire safety features and utilities such as gas, water and electricity. Health and safety audits are regularly undertaken to ensure any hazards are identified and actioned. People have emergency evacuation plans in place to inform staff of the level of support people need in the event of an emergency. The home is secure from unauthorised access. All visitors are required to sign in on arrival and sign out on departure.

Leadership and Management

The manager oversees the day to day running of the home and is supported by a deputy manager. There is a range of governance and quality assurance measures in place helping the service to operate smoothly. Satisfaction surveys are regularly distributed to people, their representatives and other professionals to capture their views on service provision. Results from the last satisfaction survey were on the whole very positive. The RI takes a hands-on approach and is at the service daily. We saw the RI completes their regulatory required tasks and has good oversight of the service. Every six months a review is completed to assess the quality of care provided, with a report evaluating the service performance published afterwards. We examined the latest quality of care reports and found they highlight the services strengths and areas where it can improve. We spoke to the RI about strengthening quality of care reports by including more analysis of things such as incidents, accidents, complaints and safeguarding matters. We examined a cross section of service policies, including medication, safeguarding, whistleblowing and infection control. The policies viewed are aligned with statutory and best practice guidance, they are kept under review and updated when necessary. Other written information we looked at included the statement of purpose and user guide which provide accurate information in relation to the service provided.

The service operates a safe recruitment process, ensuring staff suitability to work with vulnerable people. We saw all the required pre-employment checks are completed and all new employees complete a structured induction and shadow experienced members of the team. Care staff are registered with or in the process of registering with Social Care Wales (the workforce regulator) to ensure they possess the skills and qualifications required for working in the care sector. We looked at staffing arrangements and found target staffing levels were not always being met. We discussed this with the management team who told us they are aware of the situation and are working to resolve the matter. They also explained agency staff are used when staffing levels are low.

Care staff are trained to meet the needs of the people they care for and are supported in their roles. Care staff have access to a programme of training and development equipping them with the skills needed to deliver good quality care and support. Records we viewed suggest care staff are up to date with their training requirements. Care staff we spoke to said they enjoy working at the service and feel valued and supported by the management, using words like *“brilliant”*, *“supportive”* and *“approachable”* to describe them. We looked at records relating to staff supervision and appraisal and found staff generally receive the required levels of formal support.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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Date Published 26/09/2024